

Santa Rosa County Animal Services

"Florida Animal Friend, Inc." Low Cost Spay Neuter Grant

APPLICATION

Circle one;
Dog Cat Male Female Name of Animal _____ Weight _____ Description _____

Has your dog or cat been vaccinated against rabies? Yes No

If, Yes the year of last vaccination _____ Veterinarian _____

Applicant name _____ Address _____ Date ____/____/____

City _____ Zip _____ Phone (Home) _____ (work) _____

My income is within the guidelines listed below or I receive a type of public assistance as listed below.

<u>Income Guidelines</u> Please circle one.		<u>OR</u>	<u>Public Assistance</u>
# of People in Family	With Income not greater than		Do you receive any of the listed assistance? Please circle all that apply.
1	\$ 17,180		Medicaid
2	\$ 23,220		Food Stamps
3	\$ 29,260		Free school lunch program
4	\$ 35,300		SSI (Supplemental Security Income)
5	\$ 41,340		WIC (Women, Infants and Children)
6	\$ 47,380		
7	\$ 53,420		
8	\$ 59,460		
Other:			Other Assistance Program (Please specify): _____

I certify that I am the sole owner of the above animal. I have read or someone has explained the sterilization procedure to me. I understand that Santa Rosa County is not involved beyond the Administration of the grant funding and that I am responsible for the co-pay to the veterinarian that is assigned to me. I authorize Santa Rosa County to contact any program under which I am claiming eligibility for the sole purpose of eligibility verification. Santa Rosa County reserves the right to use the veterinarians who agreed to participate and schedule appointments for equitable disbursement of funds. I understand that completing an application does not necessarily guarantee approval. Santa Rosa County reserves the right to deny application based on providing false information. I understand that any other services or fees are to be agreed upon, prior to the surgery, between the veterinarian and the applicant and are not the responsibility of Animal Services.

Signature of owner: _____ Date _____

Bring or mail completed application to; Santa Rosa County Animal Services
4451 Pine Forest Road
Milton, Florida 32583

(Questions call Animal Services Monday through Friday 8:00 -4:00 and Saturday 9:00- 1:30)

For Animal Services Only

Date Received ____/____/____ Date Approved ____/____/____ Approved by _____

Veterinarian Assigned _____ Date of contact ____/____/____ Date of appointment ____/____/____

Reason for rejection _____ Time of appointment _____

ID FAF # _____